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R.I. DEPARTMENT OF STATE
BUS. SVCS. DIV.



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 1664153		2. Exact name of the Corporation REY INC.			
3. Principal Office Address 115 Harris Ave			City Providence	State RI	Zip 02909
4. NAICS Code 81		6. Brief description of the character of business conducted in Rhode Island Night Club / Private Functions			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Nancy B. Machado			Vice-President Name Edwin Rivera		
Street Address 115 Harris Ave			Street Address 649 Elm Street		
City Providence	State RI	Zip 02909	City Woonsocket	State RI	Zip 02895
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES 100		CLASS/SERIES
					PAR VALUE
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative				Date April 27/17	
Signature of Authorized Representative <i>Nancy B. Machado</i>				FILED SIGN DOCUMENT HERE APR 27 2017	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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